

2011 Occupational Tax Certificate Application

Business Information	Business Name:		DBA Name:		Account #:		
	Dominant Business Activity:					NAICS Code:	
	Address/Location:					Telephone Number:	
	Bill To/Mailing Address:						
	City:		State:		Zip:		
	Ownership Type: <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Single Owner <input type="checkbox"/> LLC						
	Applicant's Name:		Owner/Agent's Name:				
	Owner/Agent's Address:						
	City:		State/Zip:		Email:		
	Contact Information	***Applicant must provide copies of Georgia driver's license or other governmental issued photographic Identification with application (Passport, Military ID, or Georgia driver's license).					
Will this be based out of your home? (yes/no)							
***If "yes" you must attach a "Home Based Supplemental Form" to this application.							
Will your business be an adult entertainment establishment (sexually oriented business) as defined by the Dunwoody City Code or does (will) it offer any form of adult entertainment? (yes/no)							
Has the owner, applicant, the stated business, or any legally or organizationally related entity had a business occupation tax certificate denied, suspended, or revoked within the past twelve (12) months? (yes/no) ***If yes, attach written explanation.							
Georgia Open Records Act prohibits public viewing of gross receipts. The public may view other information on this form.							
2011 Projected Actual Dunwoody and Georgia Gross Receipts \$ _____ - \$20,000 X _____ \$ _____ Employee Fee (at least one, includes owner/operator) # _____ X _____ \$ _____ Base Fee of \$125.00. (except for professionals paying optional \$400) <u>\$125.00</u>							
Total Amount Due or Professional Option. (\$400 per practitioner only if allowed by O.C.G.A.) \$ _____							
Make check payable to the City of Dunwoody. Please mail to 41 Perimeter Center East, Ste 250, Dunwoody, GA 30346							

This application must be executed under oath and notarized. I, _____, do solemnly swear that the information on this application is true, correct to the best of the applicant's knowledge, training, and ability, and that no false or misleading statement is made herein to obtain a business occupation tax certificate. I understand that if I provide false or misleading information in this application I may be subject to criminal prosecution and/or immediate revocation of my business occupation tax certificate issued as a result of this application. I understand that I must comply with all city ordinances and regulations. I hereby agree to provide clearance(s) and/or inspection report(s) required prior to issuance of a business occupation tax certificate. All tax certificates expires December 31 and must be renewed annually.

Signature _____ Position _____ Date _____

Sworn to and subscribed before me this _____ day of _____, 20 _____.

Notary Public Signature/Seal _____

OFFICE USE ONLY:	Class _____ Type _____ H.O.P. _____ District _____ Lot _____ Block _____ Parcel _____
Zoning:	Approved by _____ Denied by _____ Date _____ Denial Reason _____
Pending Items:	C.O. _____ Fire _____ Health _____ Sanitation Service _____ State License _____ Insurance _____ Police _____ Other _____
Business License Items:	Primary ID# _____ Owner's ID# _____ Bill to ID# _____

O.C.G.A. § 50-36-1(e)(2) Affidavit Verifying Status for City Public Benefit

****This form is required for ALL LICENSES/PERMITS by State Law. Please note that all applicants who fail to submit this Affidavit must be reported by law to the Department of Community Affairs****

By executing this affidavit under oath, as an applicant for a(n) _____
[type of public benefit], as referenced in O.C.G.A. § 50-36-1, from the City of Dunwoody, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen
(Must include copy of either current State Driver's License, Passport, or Military ID)
- 2) _____ I am a legal permanent resident of the United States**
(Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.**
(Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)

**My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in Dunwoody, Georgia.

Signature of Applicant

Date

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE ____ DAY OF _____, 20____.

NOTARY PUBLIC/SEAL

My Commission Expires: _____